

DATE _____

BOARD OF HEALTH
FRAMINGHAM, MASSACHUSETTS

NO _____

FEE **\$100.00**

**APPLICATION FOR PERMIT TO REMOVE, TRANSPORT AND DISPOSE OF RUBBISH
GARBAGE, SANITARY SEWAGE, AND/OR OTHER OFFENSIVE SUBSTANCES.**

The undersigned hereby applies for a permit to:

Remove, Transport and Dispose of Rubbish, Garbage
or Other Offensive Substances

Or Sanitary Sewage

in the Town of Framingham in accordance with Chapter 111, Section 31A of the General
Laws as amended, and subject to the rules and regulations of the Board of Health.

It is understood that this permit when issued does not permit you to haul refuse from
other towns to be dumped in the Town of Framingham incinerator or the Town dump.
Additionally, only sanitary sewage from towns approved by the M.W.R.A. and the
Department of Public Works will be allowed to dump here.

Signature of Applicant _____

Address _____ Tel. No. _____

Name under which business is operated _____

Address _____

Number of Trucks _____ Make of Trucks _____

Registration No. of Trucks _____

PERMIT APPROVED BY THE DEPARTMENT OF PUBLIC WORKS

Solid Waste _____

Supt. Dept. of Public Works

Sanitary Sewage _____

Supt. Dept. of Public Works



PERMIT ISSUED BY BOARD OF HEALTH ON _____